PART B - FEE(S) TRANSMITTAL Complete and sepa this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 NOV 2 4 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This come should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further concessoration of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 08/25/2006 7590 26308 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. RYAN KROMHOLZ & MANION, S.C. POST OFFICE BOX 26618 MILWAUKEE, WI 53226 (Depositor's name) Wenzel 11/24/2006 FMETEKI2 00000032 10767673 (Signature 1400.00 GP 01 FC:1501 22 2006 November 300.00 DP 02 FC:1504 CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE APPLICATION NO. 5417 9417.17685-DIV 01/29/2004 George Hadley Callaway 10/767,673 TITLE OF INVENTION: ADJUSTABLE BONE PROSTHESES AND RELATED METHODS DATE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE **TOTAL FEE(S) DUE** SMALL ENTITY **ISSUE FEE DUE** APPLN, TYPE 11/27/2006 \$1400 sxxx XXX \$300 nonprovisional \$1700 **CLASS-SUBCLASS** ART UNIT **EXAMINER** 623-019140 3738 MILLER, CHERYL L 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Ryan Kromholz & Manion, (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE IncuMed, Inc. Raleigh, North Carolina / US Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💢 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-2360 (enclose an extra copy of this form). ☐ Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☑ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Petentand Trademark Office. 22 November 2006 Authorized Signature Daniel D. 29,243 Ryan Registration No. Typed or printed name

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: application of: Callawayet al.

Docket No.: 9417.17685-DIV

10/767,673

Examiner: Miller, Cheryl L.

Filed:

29 January 2004

Group Art Unit: 37384

For:

Adjustable Bone Prostheses and Related Methods

Mail Stop Issue Fee **Commissioner for Patents** PO Box 1450 Alexandria, VA 22313-1450

NOTIFICATION OF LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

1.	Applicant asserted small entity status in this application on 29 January 2004		
2.	Applicant hereby notifies the Office, that it no longer has status as a sma	in accordance with the requirements of 37 CFR 1.27(g)(2) all entity. SIGNATURE OF AUTORNEY	
Reg. No.: 29,243		Daniel D. Ryan TYPE OR PRINT NAME OF ATTORNEY	
Tel. No.: (262) 783 - 1300		RYAN KROMHOLZ & MANION, S.C. P.O. ADDRESS	
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